

# CENTRAL ARKANSAS

## Ten-Year Plan to End Chronic Homelessness

### Introduction

Our goal is to eliminate chronic homelessness in central Arkansas by 2016. To realize this ambitious, but reachable state, we must build a proactive collaboration of community leaders, service providers, and resource partners to create a well-connected network of services that moves persons who are chronically homeless into supportive housing as quickly as possible. To achieve this goal, we must strengthen a continuum of support that includes health, mental health, substance abuse, outreach, transportation, and other services. At the same time we must enlarge the stock of affordable housing. One without the other will not accomplish the mission.

As a complement to programs directed toward persons who are chronically homeless, we include prevention strategies that contribute to efforts to keep those at risk of becoming homeless from becoming situationally homeless and, in turn, from becoming chronically homeless.

Although emergency shelters do not represent long-term solutions for persons who are chronically homeless, they serve as a critical entry point for many persons without homes and play an important role in propelling them toward partner agencies that provide supportive services. A major goal of this plan is to end the practice of discharging or releasing people from institutions back onto the street. The mark of a seamless continuum of care is movement of persons who are homeless into permanent housing as quickly as is feasible. Being caught in a “revolving door” of temporary housing and regular episodes of street living is a symptom of a malfunctioning system of care. Maintaining, rather than eradicating homelessness, does not represent an acceptable goal and fails to empower those who are chronically homeless.

This plan is the product of 18 months of planning by work groups addressing supportive housing, a day resource center, discharge planning, workforce preparation, outreach, and resource development. Members of a 25-person Steering Committee oversaw the process, served on the work groups, and reviewed the plan. Their names are listed at the end of the plan.

### What is the Profile of a Chronically Homeless Person?

“Chronically homeless” persons are single individuals with disabling conditions, including mental health and substance abuse problems, who have been continuously homeless for at least a year, or four or more times over the past three years. They comprise many of those visible on our streets and constitute one of the most challenging sub-populations of persons who are homeless to engage in services. Some refuse assistance, but many are frequent users of public services, particularly mental health.

Because they often have multiple problems, however, people who are chronically homeless rarely have all of their needs met by any one agency. Tight funding limits public and non-profit

agencies from addressing the causal factors behind an individual's homelessness. Consequently, individuals who are chronically homeless often are shuttled from agency to agency in an attempt to address their problems in workable segments. Too often, they are not progressing toward permanent housing; instead, they remain trapped in an under-funded and often under-coordinated network of service providers.

Chronically homeless persons use a disproportionate amount of public resources. Because of their high rate of disability, they consume over 50 percent of homeless assistance resources. They also are frequent users of expensive public services, such as emergency medical care, psychiatric care, and law and criminal justice programs.

According to the 2005 Arkansas census of persons who are homeless, a total of 430 individuals were estimated to be chronically homeless. This is a relatively small proportion of the total homeless population in central Arkansas; estimates range from 15 to 25 percent. However, the total is a significant part of the state's chronically homeless population. Providers of services to persons who are homeless suggest that central Arkansas, particularly the cities of Little Rock and North Little Rock, attract a disproportionate percentage of the chronically homeless because of its centrality to the transportation network, the availability of services, and the lack of services in most other parts of Arkansas, particularly in small towns. Complicating estimates of number and need is the dislocation resulting from hurricanes Katrina and Rita, which forced the relocation of individuals and families, some of whom may become part of the chronically homeless population.

Individuals who are chronically homeless often exhibit personal and social characteristics that present further challenge for existing service providers who seek to qualify them for their programs and to provide the needed level of support. For example, they often have a distrust or fear of the "system," they lack social and communications skills, lack conventional support groups, have significant medical and nutritional problems, and often have criminal justice records. These characteristics do not make them less worthy, just more of a challenge to reintegrate into society.

## **What is the Homeless Count in Central Arkansas?**

Numbers vary despite rigorous efforts to count persons who are homeless in central Arkansas. The very nature of this population and the challenges of finding persons who are homeless at any given point in time make an exact count impossible to ascertain. We have based this plan on a range of numbers that suggests a serious challenge to those who seek to end chronic homelessness and significantly reduce the number of situationally homeless.

The *2004 Report of the Homeless Count and Survey Results* concluded that an estimate of 3,000 homeless persons was present in central Arkansas on the night of February 26, 2004. While some believe the final count to be inflated, there is considerable justification to use this number as an accurate reflection of the homeless population. Enumerators actually counted 1,429 persons as homeless in the four-county area of the CATCH Continuum of Care, 90 percent of whom were in Pulaski County. Using HUD-certified methodology, directors of the count added 300 children who had gone uncounted according to the local school districts. Local police

departments estimated another 467 uncounted, and an estimated total of 143 were reported by psychiatric hospitals, soup kitchens, and isolated shelters. Adding these numbers provided by reliable sources to the actual count equals 2,339. Enumerators noted that the homeless count in 2004 represented a 15 percent increase over 2001. Service providers have noted a continued increase in clients and estimate that the next count, scheduled for 2007, will show similar increases.

CATCH, the area Continuum of Care, reported in its 2006 application for funding that despite an addition of 30 new emergency shelter beds for people who are homeless during the past year, the area still experiences a shortage of 382 emergency shelter beds. An even larger need exists in transitional housing, where the shortfall is 1,068 beds. The largest gap between demand and supply exists in supportive housing where the report indicates a need for 3,665 beds.

## **What Causes or Contributes to Chronic Homelessness?**

Experience and research confirm that the lack of availability of and access to affordable housing, particularly supportive housing, insufficient income, and unmet need for services such as mental health and substance abuse treatment, cause chronic homelessness. Housing costs, both locally and nationally, have increased significantly over the past decade. Over 50 percent of low-income renters in Pulaski County pay more than half of their income for housing. Because they pay so much for housing, poor people have fewer reserves and are at greater risk of becoming homeless if a crisis occurs.

Inadequate discharge planning also contributes to chronic homelessness. When people are released from public institutions without adequate housing or support, they are more likely to become homeless—immediately or soon after release. Research shows a strong connection between homelessness and prior history with public systems of care. For example, half of homeless adults report having spent five or more days in jail. Twenty percent have spent time in state or federal prison. Many offenders are released without criminal justice parole or supervision. Without supervision, many fall through the proverbial cracks and into homelessness, or return to jail. Overcrowding of the Pulaski County Jail has exacerbated this trend.

In addition, nearly half of all homeless adults have one or more chronic health problems; a quarter of them have at least one acute infectious condition. In a national study, one-third of homeless persons listed hospital emergency rooms as the place they receive medical care. Fifty-three percent of chronically homeless persons reported in a 2001 national study having a mental health problem in the last year. Between one-fifth and one-quarter of all homeless persons have a diagnosable, major mental illness such as schizophrenia, depressions, or bipolar disorder. Thirty-one percent of homeless persons report having problems with their mental health as well as problems with alcohol and/or drugs in the last year.

## **What does Chronic Homelessness Cost?**

By definition, chronically homeless individuals are on the street for long and/or frequent periods of time. They are the most frequent users of emergency shelter, feeding programs and soup

kitchens; they are heavy users of public institutions such as jails and hospitals; and, they represent significant client loads in mental health and substance abuse treatment programs. Although chronically homeless persons represent only 15 to 25 percent of the total homeless population, they consume half of all homeless program resources.

With their limited incomes and high rates of physical health, mental health, and substance abuse problems, individuals who are homeless are heavily dependent on public services. People who are chronically homeless cycle in and out of these services on a regular basis without ever having their underlying needs met. Follow-up treatment and monitoring is difficult, given the transient nature of this population.

Homelessness is not only a personal tragedy, however. It is expensive to the public, as well. Research has documented that homelessness increases people's use of costly emergency interventions. A 2001 study by the University of Pennsylvania of 4,679 homeless mentally ill individuals in New York City found that the average homeless individual with mental illness costs the public \$40,449 a year in emergency interventions. While New York City may spend more on these interventions than most municipalities, homelessness presents consistently high costs to the public in every large city and state in the U.S.

Interestingly, the same study found that when the subjects were placed in supportive housing, their use of emergency interventions decreased, reducing public costs by 40 percent. For every unit of supportive housing developed, the public saved \$16,282 per year in reduced emergency service costs. These savings paid for all but \$995 of the annual cost of building, operating, and providing services in the housing. The study also found that the costs of incarcerating homeless people with mental illness were greatly reduced by their placement in supportive housing.

What does this mean for central Arkansas? It suggests that by positively intervening in the lives of the persons who are chronically homeless, we as a community should be able to reduce the costs of serving this population. Shifting to an emphasis on stabilization and permanent, supportive housing likely will involve new costs, but the transition to ending, rather than maintaining, chronic homelessness should create significant savings, perhaps as much as 40 percent.

## **What Challenges Do We Face?**

Those who are chronically homeless constitute a multi-faceted challenge for local governments, service providers, and the general population. They are a visible reminder that some citizens lack the most basic of needs, housing. Homelessness arises from multiple causes and its complexity can easily confound even the most sincere, sustained efforts by government, law enforcement, health care, and social service agencies.

### ***Temporary and permanent solutions***

The challenge of chronic homelessness indeed has been addressed with seriousness of purpose, but also with inadequate resources, certainly with well-intended strategies, yet lacking sustained, long-term application. Many of the services are so-called "front-end services," dedicated to

reaching out to people on the streets and addressing their immediate needs of hunger and shelter. No matter how well intended and needed, these services maintain the status quo, thereby failing to lead to an ultimate goal of connecting individuals who are chronically homeless with permanent housing and needed services. Supportive services, such as case management, physical and mental health services, substance abuse treatment and recovery, transportation, and legal services, are designed primarily to help an individual maintain housing and live a productive, healthy life. We can best go about helping people who are chronically homeless by providing humane assistance to help them assume or resume productive lives. In the plan that follows, we propose specific strategies intended to achieve that goal.

### ***Working collaboratively***

In central Arkansas, there are many well-run agencies that provide services for this population. There are other agencies that operate on a shoestring and depend on soft money and donations to stay afloat. Others are staffed largely with well-intended, hard-working volunteers who lack adequate administrative permanency and direction. Caring for a dependent population such as individuals who are chronically homeless is a function of the heart that must be reinforced with hard-nosed, administrative strategies.

Generally, we as a region lack enough services, enough beds, and enough slots in treatment programs, for example, to serve adequately the chronic homeless population. During the development of this plan, we have observed a limited number of partnerships and frequent competition for too-few dollars. We do not find fault, necessarily, with provider agencies; rather, we detect a lack of vision oriented toward what these agencies, local and state government, as well as the business sector could achieve in a collaborative approach. In other words, the chronic homeless problem will not be solved by individual agencies, working individually. Instead, we believe that these agencies, government, and business must join together synergistically to design and execute a comprehensive approach, which is client-centered, rather than service-centered. Comprehensive case management, for example, is a critical element of this focus.

To sustain this effort, however, larger social issues must be addressed. Research indicates that one out of every ten poor families is at risk of homelessness. To improve this outlook, we must address the underlying factors that place people at-risk of homelessness in the first place. While beyond the scope of this plan, we believe that our society must address issues that permanently will end chronic homelessness, such as adequate, affordable housing, employment opportunities that pay an adequate wage, affordable health care, and access to mental health and substance abuse treatment on demand. Unless movement is made toward these admittedly ambitious and somewhat controversial goals, the system of homeless service providers will increasingly carry a larger proportion of care for this sub-population as a surrogate for a broader-based, social welfare system.

### **Overview of the Plan**

We have designed this plan around the ambitious goal of ending chronic homelessness in central Arkansas by 2016. Specific action steps are phased over two-year periods, roughly in

chronologically order. The strategies may be considered in a “CPR” format or three major categories of effort: (1) Comprehensive and collaborative continuum of care, (2) Policy development, and (3) Resource development. For example, hiring a coordinator of homeless services is intended to strengthen the continuum of care; a resource development team is in place with the assignment of coordinating fundraising. In the following section, we specify which actions can be taken without cost or with very little cost.

Each of the 14 strategies is assigned to a specific person or team, who will have responsibility for convening key stakeholders from all sectors and preparing a detailed action plan. The Homeless Services Coordinator (specified in Strategy 1), who would be backed up by an advisory committee, will be the link among the teams, making sure that specific team implementation plans and subsequent actions are mutually complementary and supportive. The major categories of effort include building a more cohesive, comprehensive continuum of care, seeking new resources from other than governmental sources to enhance present funding, increasing the number of units of supportive housing, developing and operating outreach efforts, strengthening the link between job training and placement programs, and improving discharge planning.

Operational dates indicate the start of the designated service or facility and initiation of action. The First Report Date is a reporting deadline when the designated team or individual issues a status or progress report. Unforeseen obstacles and lack of resources may force adjustment of these dates, but they are intended to guide the work of the teams and provide a benchmark of accomplishment.

An early step in implementation of this plan will be to create volunteer teams in the following areas:

- Homeless Planning Leadership
- Development Team
- Supportive Housing Team
- Day Resource Center Team
- Discharge Planning Team
- Workforce Preparation and Placement Team
- MIS Team

We direct the implementation teams to consult with CATCH members and utilize their data and recommendations that appear in the Continuum of Care annual funding application to HUD.

### ***Why address chronic homelessness?***

The federal government, through the Interagency Council on Homelessness, challenged mayors across the U.S. to lead their cities in developing ten-year plans to end chronic homelessness. The rationale for a ten-year planning period is based on research indicating that homelessness among the mentally ill imposes a significantly high cost to taxpayers. Supportive housing programs that link housing to comprehensive health support and employment services provide major reductions

in costs incurred by homeless people. Research also indicates that reductions in incarcerations, hospitalizations, and shelter use pay for 95 percent of the cost of supportive housing.

The plan that follows proposes strategies that have significant monetary costs as well as several that have none. We believe the plan is a responsible statement of real need and represents the best thinking of community leaders and service providers. Recommendations are based on both local experience and reports from many other communities similar to central Arkansas. Costs are phased in over two-year periods. On page 16, a breakdown of costs, including the value of services rendered by volunteers, provides a more complete picture of the costs related to this plan.

### ***Immediate Actions to be taken that have no budgetary implications***

While the Development Team is generating funding, community leaders can take action on proposals that do not cost anything. For example, we can

- Work with governmental leaders in central Arkansas to develop this plan and assure its implementation
- Create a Homeless Advisory Board to oversee execution of this plan
- Increase community awareness of the problem of homelessness
- Support the work of the advocacy groups as they strive to elevate the issue of chronic homelessness on the public agenda and fight for supportive policies in state and local government
- Work more closely with state agencies to address chronic homelessness

The success of this plan depends on a collaborative approach to implementing it. By working together, we can avoid well-intended but ill-conceived forays and instead capitalize on the cumulative strength of participating agencies and individuals.

## **Priority Strategies -- First Phase (2006-2008)**

**STRATEGY 1:** Hire a Homeless Services Coordinator and establish an Advisory Board to serve as a bridge between the Plan and its implementation.

The City of Little Rock is committed to identifying adequate resources and contributing partners to establish an Office of Homeless Services and hire a Coordinator for two years. Additional resources must be raised to continue the operation of this office. This coordinating function is critical to the success of the plan. The Coordinator should be accountable to the Homeless Plan Advisory Board as well as to the local governments that fund the position. The Coordinator will work closely with service providers, local governments, the business community, and other

regional stakeholders to help build a more cohesive, comprehensive continuum of care. He or she will coordinate the development and opening of a Day Resource Center and will monitor its operation. The Coordinator will work closely with relevant work groups to carry out other strategies included in this plan. Appointment of a highly capable, motivated coordinator and support of his or her work is critical to the success of putting this plan into action.

Operational Date:	September 2006
First Report Date:	February 2007
Responsible Parties:	Homeless Planning Leadership Local government officials
Major Steps:	<ul style="list-style-type: none"><li>• Hire a Coordinator of Homeless Services</li><li>• Locate and open office</li><li>• Appoint implementation teams</li><li>• Create a charge and work plan for each team</li></ul>
Anticipated First Phase Budget:	\$130,000

<b>STRATEGY 2:</b> Create and implement a plan that leads to the generation of funding from grants, the local business community, and local governments.
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Providers of services to individuals who are homeless have depended heavily on federal funding and, to a lesser extent, donations to underwrite their operations. These sources are stagnant at best, and in some cases declining. Competition from other worthy causes, e.g. the county jail, public transportation, will intensify. Local communities must become more aggressive and creative in their search for funds to expand services to meet a growing demand from agencies that serve the chronically homeless. We propose that the business community, local governments, and the state government be challenged to dedicate funds to underwriting these recommendations. Grant proposals must be generated to acquire foundation and corporate support.

Operational Date:	October 2006
First Report Date:	May 2007
Responsible Party:	Development Team
Major Steps:	<ul style="list-style-type: none"><li>• Coordinate with major community institutions</li><li>• Set a goal for first two years of fundraising</li><li>• Create a marketing strategy</li><li>• Set a solicitation approach</li><li>• Execute the first phase of campaign</li><li>• Propose state legislation for the next Session</li></ul>
Anticipated First Phase Budget:	\$0



**STRATEGY 3:** Establish and operate a Day Resource Center as a central contact point for individuals who are chronically homeless and for the network of service providers.

A Day Resource Center will serve three major functions. First, it will provide individuals who are chronically homeless, situationally homeless, or about to become homeless with resources to improve their status. The Center will provide intake, assessment, and referrals in order to match individual needs with appropriate services such as medical and dental treatment, substance abuse treatment, employment services, and housing referral. Second, the Center will provide a place for those on the streets to take showers, prepare food, wash clothes, receive mail, and partake of other services. Additionally, the Center will have access to a small number of beds for emergency cases.

The Day Resource Center should not stand alone, but should operate as a part of the network of service providers that serve as intake points. However, it should serve as a focal point for outreach teams and others who refer clients. (See Strategy #7 of this plan.) The Center will coordinate services and facilitate case management that contribute to a more comprehensive network of services. Initially, a day resource function may be provided through a contract for services with an agency already in operation. Alternatively, a more permanent facility may be constructed or renovated, depending on available resources. Regardless of structure, operation of the Center likely will require volunteer and contractual partnerships with other providers.

Operational Date: July 2007

First Report Date: December 2007

Responsible Parties: Coordinator of Homeless Services  
Homeless Planning Leadership  
Participating local governments

Major Steps:

- Determine the center model to be used
- Develop specifications for physical and programmatic structures
- Contract for construction or for operation according to the model chosen
- Secure partnership agreements with service providers
- Establish protocols with service partners

Anticipated First  
Phase Budget: \$330,000

**STRATEGY 4:** Establish a “Housing First” pilot program that tests a comprehensive approach to creating additional units of permanent, supportive housing.

“Housing First” focuses on moving people out of homelessness and into housing as quickly as possible and is premised on the approach that a person’s homelessness can best be remedied once the person is properly housed rather than living in emergency shelters or transitional settings. Permanent housing, coupled with individually designed supportive services such as health care, substance abuse treatment, nutritional training, legal services, and help in obtaining public assistance, provide stability for the participant. We recommend initiating a pilot program to assure ourselves and the community that we have adequate services and can generate enough housing to fulfill the promise of Housing First. Although we support it as a long-term strategy, we are concerned that all the elements first be in place to make it work as intended.

To guide the implementation team in its efforts, we recommend study of a comprehensive report on this strategy entitled *Housing the Chronic Homeless*, prepared by the Housing Committee of this planning effort.

Operational Date:	August 2007
First Report Date:	February 2008
Responsible Party:	Request for proposals
Major Steps:	<ul style="list-style-type: none"><li>• Acquire comprehensive housing information about the chronic homeless</li><li>• Assess the existing housing inventory</li><li>• Inventory supportive services by type of program</li><li>• Evaluate the number and kind of supportive housing needs</li><li>• Work with county and municipal housing planners to prioritize supportive housing</li><li>• Work with the three area housing authorities to create supportive housing</li><li>• Seek partnerships with the housing industry to increase capacity</li><li>• Develop faith-based organizational network to increase capacity</li></ul>
Anticipated First Phase Budget:	\$158,000

**STRATEGY 5:** Create a network of supportive services and discharge practices that help eliminate the pattern of releasing clients back into homelessness.

Ending chronic homelessness depends, in part, on stopping the revolving door habit of discharging clients of public and non-profit institutions back onto the streets. Whether they are discharged from jail, an emergency room, a mental health or substance abuse treatment facility,

an emergency homeless shelter, or foster care, individuals who are chronically homeless will never escape that status if they have nowhere to go upon release. An increase in the number of transitional housing units, coupled with follow-up case management, should help end this practice. Failure to do so is perhaps aided and abetted by the notion that “managing” homelessness, rather than “ending it” is a worthy, long-term goal. We aspire to the latter.

Operational Date:	May 2007
First Report Date:	November 2007
Responsible Party:	Discharge Planning Team
Major Steps:	<ul style="list-style-type: none"> <li>• Canvass area discharge agencies to obtain an accurate yearly count</li> <li>• Identify the types of community-based supports needed</li> <li>• Develop a plan for increasing the number of transitional housing units</li> <li>• Work with service providers to create additional support services</li> </ul>
Anticipated First Phase Budget:	\$54,000

**STRATEGY 6:** Build a well-integrated network of workforce training and hiring to move people who are chronically homeless into wage-earning jobs.

Not all individuals who are chronically homeless can perform a job. But many more can than are at present. Job training is a critical support service that must be part of a larger system that links trainers with employers. Both parts of the connection are vital to success. Transforming a person who is homeless with few job skills into a productive, tax-paying resident of central Arkansas is one of the main payoffs of the continuum of care. The state’s workforce centers are a logical part of this network, but depend on a partnership with gateway agencies that can assist persons who are chronically homeless by directing them into workplace skills programs. Workforce Investment Act (WIA) services are useful and Transitional Employment Assistance (TEA) funds can help economically needy families. Strategy 6 requires an active leadership role by business interests and potential employers who should identify critical skills needed at the worksite. As this workforce is developed, employers must commit to hiring them.

Operational Date:	September 2007
First Report Date:	March 2008
Responsible Party:	Workforce Preparation and Placement Team
Major Steps:	<ul style="list-style-type: none"> <li>• Develop a partnership among trainers, employers, and other job-related agencies</li> <li>• Inventory existing training programs and participating employers</li> <li>• Determine demand for job type and classification</li> </ul>

- Identify brokers and other agencies that will assist in job placement
- Create an incentive program to attract both trainers and employers

Anticipated First  
Phase Budget: \$107,000

**STRATEGY 7:** Create integrated outreach teams to engage and intervene with people who are homeless and assist their access to appropriate services.

Various models exist in U.S. cities, but they are all premised on the realization that there are individuals who are chronically homeless who need services, but do not partake of them for a variety of reasons. Some are afraid of “the system,” others are emotionally or physically unstable, some have had bad experiences in institutionalized settings, and others simply do not know how to engage the services they need to survive. We believe that few of these individuals truly “choose to remain homeless,” although we realize that some cannot function indefinitely in an organized setting. Law enforcement personnel of the LRPD, NLRPD, and the Pulaski County Sheriff’s Department should play a key role in any outreach strategy. Working with the Day Resource Center and other agencies that serve as front doors for people on the street, outreach workers can link service providers with individuals who desperately need their services.

Operational Date: November 2007  
First Report Date: May 2008

Responsible Parties: Day Resource Center leadership  
Coordinator of Homeless Services  
Local police departments  
Provider agencies that presently conduct outreach

Major Steps:

- Create a model of outreach to follow
- Recruit and organize outreach teams
- Train team members
- Develop protocols for contact and referral procedures
- Map homeless camps and other frequented locations

Anticipated First  
Phase Budget: \$131,000

**STRATEGY 8:** Expand the use and application of the Arkansas Management Information System (ARMIS) as the primary repository of data regarding homelessness and chronic homelessness in central Arkansas.

Reliable data regarding demand and capacity are needed for the successful functioning of a system of service providers. Also, as future funding decisions are based on program outcomes, good data tracking is critical. Good data management and analysis is a major part of the foundation that supports strategic planning and program evaluation. ARMIS should be reviewed for workability, access, and applicability to all users. To support continuous data management (entry, update, dissemination), we propose that ARMIS add a full-time data manager to work closely with outreach teams and intake workers at the Day Resource Center.

Operational Date:	December 2007
First Report Date:	June 2008
Responsible Parties:	MIS Team Ad hoc Providers Team
Anticipated First Phase Budget:	\$38,400

### **Priority Strategies – Second Phase (2008-2010)**

**STRATEGY 1:** Create a Homeless Trust with the capacity to receive and distribute funding for services to those who are chronically homeless.

This is a major step that will establish an independent entity that should have the legal ability both to raise money and distribute it to high-performing agencies and collaborative efforts that are addressing successfully the problems of the chronic homeless. The exact legal form is to be determined, but the intent is to create a mechanism for donors to contribute to the specific purpose of ending chronic homelessness. While not legally accountable to participating governments, the Trust would work closely with state, county, and municipal governments to develop a steady funding stream from them and to approach in unified fashion potential private and nonprofit funders.

Operational Date:	July 2008
First Report Date:	June 2009
Responsible Parties:	Homeless Plan Leadership Development team Coordinator of Homeless Services Participating local governments

**STRATEGY 2:** Expand the services of the Day Resource Center to include extended hours of service, access to services, and additional emergency beds.

If the Day Resource Center serves the centralizing function that we expect, its expansion in services, hours, and staffing will be necessary. Volunteer staffing and coordination with other providers will continue to be critical to its success. If the Center has operated as a contract service, the continued workability of this model should be reviewed.

Operational Date: September 2008

First Report Date: June 2009

Responsible Parties: Coordinator of Homeless Services  
Day Resource Center Administrator  
Participating local governments  
Relevant providers

**STRATEGY 3:** Increase the stock of affordable housing available to individuals who are chronically homeless and determine if the proposed pilot project on supportive housing should be expanded.

As an extension of Strategy 4 in Phase 1 of this plan, efforts should be expanded to generate additional units of affordable housing that can be utilized by the chronic homeless. Also, based on an analysis of the "Housing First" pilot project, the Housing Team and other stakeholders should determine if the program should be terminated, redesigned, or expanded.

Operational Date: November 2008

First Report Date: June 2009

Responsible Party: Supportive Housing Team

**STRATEGY 4:** Increase workforce training and placement slots by working closely with providers and employers.

This strategy extends the Phase 1 proposal that a system of training facilities, placement specialists, and employers be developed with the goal of assisting individuals who are chronically homeless acquire relevant work skills that will lead to employment. Business leaders need to play a major role in this effort.

Operational Date:	January 2009
First Report Date:	September 2009
Responsible Party:	Workforce Preparation and Placement Team

### Priority Strategies – Third Phase (2010-2012)

<b>STRATEGY 1:</b> Construct a permanent Day Resource Center using Bond or Tax Financing of Local Government.
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Ultimately, a Day Resource Center that provides comprehensive intake, referral, and counseling services, medical and dental services, an emergency shelter, and a drop-in center will be needed to meet the anticipated growth in demand for services to the chronically homeless.

Operational Date:	January 2010
First Report Date:	December 2010
Responsible Party:	Day Resource Center Team and Staff Coordinator of Homeless Services Local government leadership

<b>STRATEGY 2:</b> Increase the affordable housing stock in central Arkansas over the next ten years through the provision of rent subsidies, new housing development, and the preservation of affordable housing stock.
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This is a long-term strategy that is at the heart of assisting all persons who are homeless and particularly those who are chronically homeless. Central Arkansas has a shortage of affordable housing units and we need to increase the number and make them available at reasonable rental rates. This will involve building a productive partnership with local governments and with homebuilders in central Arkansas to increase the stock of affordable housing. Part of the development plan should be to raise money to subsidize rents. Each of these strategies requires a major commitment from public, private, and nonprofit sectors.

Operational Date:	June 2010
First Report Date:	June 2011
Responsible Party:	Supportive Housing Team Development Team Local governments

**Phase 1  
Budget Narrative**

<b>Activity</b>	<b>Annual Funds Required</b>	<b>Client Share/ In-Kind/Volunteer</b>	<b>Total Project</b>
<b>Day Resource Center</b>			
Rent and Utilities	\$30,000		\$30,000
Staffing	197,120	\$109,512	306,632
Security	52,000		52,000
Furnishings	20,500		20,500
Supplies	1,500		1,500
Admin. overhead	29,568		29,568
<b>Total</b>	<b>\$330,688</b>	<b>\$109,512</b>	<b>\$440,200</b>
<b>Housing First Pilot Project</b>			
Wrap-around services	\$100,000		\$100,000
Rent	48,000	\$48,000	\$96,000
Utility connections	10,000	10,000	20,000
<b>Total</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$216,000</b>
<b>Discharge Planning and Implementation</b>			
Staffing	\$54,000	\$26,300	\$80,300
<b>Total</b>	<b>\$54,000</b>	<b>\$26,300</b>	<b>\$80,300</b>
<b>Workforce Skills Development</b>			
Jobs skills training	\$77,000	\$77,000	\$154,000
Life skills training	18,000		18,000
Support services	10,000		10,000
Information services	2,000		2,000
<b>Total</b>	<b>\$107,000</b>	<b>\$77,000</b>	<b>\$184,000</b>
<b>Outreach Team</b>			
Staffing	\$130,560	\$36,500	\$130,560
<b>Total</b>	<b>\$130,500</b>	<b>\$36,500</b>	<b>\$167,000</b>
<b>Management Information System (ARMIS)</b>			
Staffing	\$38,400	\$36,500	\$74,900
<b>Total</b>	<b>\$38,400</b>	<b>\$36,500</b>	<b>\$74,900</b>
<b>TOTALS</b>	<b>\$818,588 (70%)</b>	<b>\$343,812(30%)</b>	<b>\$1,162,400</b>



## **Steering Committee and Planning Team Membership**

Leta Anthony  
Community leader

Pat Blackstone  
Arkansas Coalition Against Domestic Violence

Darlene Bourgeois  
St. Francis House

Denise Bowers  
Dickson Flake Partners

Thurman Chambers  
Community leader

John Gill  
John Gill Law Firm

Veronica Goodloe  
Little Rock Community Mental Health

Thomas Green  
Arkansas Interagency Council on Homelessness

Tom Grunden  
Little Rock Community Mental Health

Brenda Hampton  
Salvation Army

Terry Hartwick  
North Little Rock Chamber of Commerce

Jack Harvey  
Business Leader

Eric Higgins  
Little Rock Police Department

Larry Lichty  
Business Leader

Barry McDaniel, co-chair  
Our House, Inc.

Estella Morris, co-chair  
Central Arkansas Veterans Healthcare System

Lawrence Pickard  
TEA Career Center, Pulaski County

Karen Pirtle  
Arkansas Food Bank

Sharon Priest  
Little Rock Downtown Partnership

Linda Robinson  
North Little Rock City Council

Rev. William Robinson  
Hoover United Methodist Church

Rev. Betsy Singleton  
Quapaw Quarter United Methodist Church

Sandra Wilson  
Arkansas Supportive Housing Network

Jim Woodell  
River City Ministry, North Little Rock

David Sink, facilitator  
Institute of Government, UALR

Doris Turner, facilitator  
City of Little Rock, CATCH

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WHEREAS, the United States Interagency Council on Homelessness has stated that local counties and cities develop and implement a plan which addresses the issue of chronic homelessness; and

**WHEREAS**, City staff worked collaboratively with the various service providers to develop the broad based recommendations in the plan; and

**WHEREAS**, the Plan was presented to the Mayor and Board on Tuesday, May 17, 2005 for consideration and input; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF  
THE CITY OF LITTLE ROCK, ARKANSAS:

1           **Section 1.** The City of Little Rock adopts the Plan on homelessness as a part of  
2 the Consolidated Plan to be submitted to the U.S. Department of Housing and Urban  
3 Development by June 10, 2005.

4           **Section 2.** The Plan shall be reviewed from time to time to assure that the most  
5 efficient and effective means are used to address chronic and temporary homelessness  
6 as an important problem.

7           **Section 3. Severability.** In the event any title, section, paragraph, item, sentence,  
8 clause, phrase, or word of this resolution is declared or adjudged to be invalid or  
9 unconstitutional, such declaration or adjudication shall not affect the remaining  
10 portions of the resolution which shall remain in full force and effect as if the portion so  
11 declared or adjudged invalid or unconstitutional was not originally a part of the  
12 resolution.

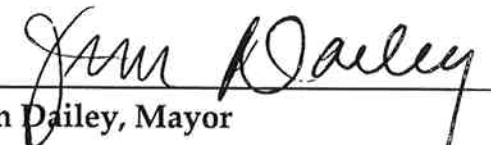
13           **Section 4. Repealer.** All laws, ordinances, resolutions, or parts of the same, that  
14 are inconsistent with the provisions of this resolution, are hereby repealed to the extent  
15 of such inconsistency.

16 **ADOPTED: May 17, 2005**

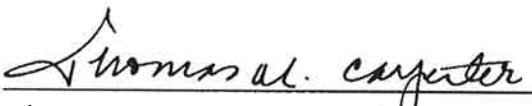
17  
18 **ATTEST:**

**APPROVED:**

19  
20   
21 Nancy Wood, City Clerk

  
Jim Dailey, Mayor

22  
23 **APPROVED AS TO LEGAL FORM:**

24  
25   
26 Thomas M. Carpenter, City Attorney

27 //

# Ten-Year Plan to End Chronic Homelessness

## *Executive Summary*

This *Ten Year Plan to End Chronic Homelessness* addresses the unmet needs of the chronically homeless population in central Arkansas and provides specific strategies to meet them. While addressing these needs is critically important, the plan must likewise focus on strategies to break the cycle of homelessness. In response, community leaders from all sectors should work together to generate a full-service, linked collaboration and long-term prevention strategies.

Of the estimated 3,000 people who are homeless in the four-county region of central Arkansas, the largest concentrations are found on the streets of Little Rock and North Little Rock. By virtue of its central location to the transportation network of Arkansas and the proximity of supportive services, the urban area of Pulaski County attracts a disproportionate share of people who are chronically homeless. By comparison, resources for the homeless are scarce in other parts of the state. This imbalance, plus economy of scale considerations, put an extraordinary pressure on central Arkansas providers to respond to the growing need.

Despite the quality of care exhibited by many providers in central Arkansas, there remains a mismatch between the number of persons who are homeless seeking help and the collective capacity to provide it. Service providers indicate that people who are homeless frequently lack the ability or knowledge with which to make the appropriate contacts to obtain the services that exist.

In response, the city governments of Little Rock and North Little Rock, working closely with members of the Central Arkansas Team Care for the Homeless (CATCH) and other stakeholders, have created a *Ten Year Plan to End Chronic Homelessness*. Sixty-four people were involved in nine months of work to develop the plan.

Indicated below are the primary strategies that are the focus of the first year of implementation. At this point in 2005, strategies and action plans are designed to start between the present and 2008. The plan will be updated yearly to reflect changing demands and funding opportunities.

## Leading Recommendations - Year 1

### Requiring new resources

1. Establish an Office of Homeless Services that functions as a full-time collaboration manager and is charged with implementing this plan.

*(Estimated annual cost in dollars or in-kind* *\$50,000)*

2. Construct or renovate space to house a day resource center that provides outreach services and serves people who are on the street without shelter (capital expenditure)

*(Estimated cost in dollars* *\$745,000)*

3. Utilize a day resource center model in Little Rock and North Little Rock that provides outreach services (operating expenditure)

*(Estimated annual cost in dollars or in-kind* *\$275,000)*

### Not requiring new resources

4. Establish an oversight team and constitute work teams to implement this plan.
5. Develop a comprehensive outreach, intake, assessment, and referral system.
6. Build a close working relationship the Arkansas Workforce Development Centers at Little Rock and North Little Rock to access training and placement services for people who are homeless.

7. Collaborate with other stakeholders to enlarge the stock of affordable housing.

CENTRAL ARKANSAS TEAM CARE FOR THE HOMELESS (CATCH)  
CITIES OF LITTLE ROCK AND NORTH LITTLE ROCK

## Ten Year Plan to End Chronic Homelessness

**Vision:** To eliminate chronic homelessness in Central Arkansas by 2015

**Mission:** Our mission is to address the root causes of homelessness and strengthen and expand services to those who are homeless. We will advocate for community support that destigmatizes people who are homeless, and develop an outcomes-based approach that helps us judge the impact of our programs and informs future funding decisions and policy development.

In support of this mission, we will

- Build a proactive collaboration of community leaders, service providers, and resource partners to create a well-connected network of services to address the problem of chronic homelessness in Central Arkansas.
- Seek funding that will complement federal funds in order to create and sustain the continuum of care.
- Strengthen outreach, intake, assessment, and referral services that connect the homeless with appropriate assistance.
- Break the dependency of persons who are homeless on emergency shelter care.
- Support mental health and substance abuse outreach programs to reduce the incidence of homelessness caused by these illnesses.
- Link with job training and referral programs to equip the chronically homeless with work skills so that they can find good jobs and become self-supporting.
- Develop more supportive housing units that serve those needing housing who have special needs.
- Increase the stock of transitional housing units in order to provide intermediate shelter for discharged patients and prisoners, those leaving emergency shelters, and others.



CENTRAL ARKANSAS TEAM CARE FOR THE HOMELESS (CATCH)  
CITIES OF LITTLE ROCK AND NORTH LITTLE ROCK

- Build partnerships with key community stakeholders to enlarge the stock of affordable housing units in Central Arkansas.

# **Priority 1 Create a lead team to implement this plan**

## **Strategy**

Action		Lead Team	Start Date
<b>Strategy 1</b> Establish an Office of Homeless Services that functions as a full-time collaboration manager and is charged with implementing this plan.	<b>Action 1</b> Establish an oversight team that starts the implementation process and works closely with the Office of Homeless Services.	Lead	2005
	<b>Action 2</b> Design a position with commensurate salary and seek support for establishing the Office of Homeless Services.	Lead	2006
<b>Strategy 2</b> Recruit members of CATCH and representatives of Little Rock and North Little Rock governments to serve on the team.	<b>Action 1</b> Constitute working teams to implement this plan.	Lead	2005
	<b>Action 2</b> Work with local governments in CATCH to specify their support for an effective, comprehensive continuum of care.	Lead	2005
<b>Strategy 3</b> Build close working relationships with state government for resource development, supportive legislation, and unified planning efforts.	<b>Action 1</b> Coordinate with the Policy Academy state action plan for chronically homeless persons.	Lead	2005
	<b>Action 2</b> Seek support from the governor's office, appropriate state agencies, and key legislators.	Development	2006
<b>Strategy 4</b> Lead resource-development efforts to fund new initiatives and existing programs.	<b>Action 1</b> Recruit corporate and private foundation financial support.	Development	2006
	<b>Action 2</b> Support a state income tax check-off to support a Homeless Trust Fund.	Development	2007

**Priority 1 Create a collaborating team to implement this plan (continued)**

**Strategy**

**Action**

**Lead Team**

**Start Date**

<b>Strategy 5</b> Increase the sharing of information and data to improve links between all parts of the continuum of care.	<b>Action 3</b> Create an ongoing education program to increase understanding and build support for programs that lead to the elimination of chronic homelessness.	Education	2005
	<b>Action 1</b> Extend the management information system (HMIS) to all providers and activate other forms of information sharing.	MIS	2005
	<b>Action 2</b> Coordinate with United Way of Pulaski County and other local referral agencies to build a comprehensive information system.	MIS	2005
	<b>Action 3</b> Work with local and state agencies to promote installation of the 2-1-1 resource directory.	MIS	2007
	<b>Action 4</b> Establish an outcomes evaluation process to determine the effectiveness of all parts of the service network and initiate performance-based funding based on measurable outcomes.	MIS & Program Evaluation	2007

**Priority 2 Strengthen early intervention to combat chronic homelessness**

**Strategy**

Action		Lead Team	Start Date
<b>Strategy 1</b> Develop a comprehensive outreach, intake, assessment, and referral system.	<b>Action 1</b> Recruit, organize, and train teams consisting of law enforcement and social service workers to reach out to those who are chronically homeless.	Outreach	2005
	<b>Action 2</b> Coordinate outreach assistance that is provided at locations frequented by persons who are homeless.	Outreach	2005
	<b>Action 1</b> Develop a day resource center that coordinates with other outreach points to increase access to those on the street without shelter.	Outreach	2005
<b>Strategy 2</b> Utilize a day resource center model in Little Rock and North Little Rock that provides outreach services and serves people who are on the street without shelter.	<b>Action 2</b> Coordinate assistance for staff to operate the center and other access points.	Outreach	2006
	<b>Action 3</b> Complete staffing of the Center as resources become available.	Outreach	2007
<b>Strategy 3</b> Improve the quality of discharge planning to prevent returning people of high risk to un-housed status.	<b>Action 1</b> Build working coalitions of transitional housing providers and institutions discharging clients to assure a smooth and secure transition.	Discharge Planning	2006
	<b>Action 2</b> Insure that local governments regulate and inspect transitional housing facilities that receive discharged, at risk clients.	Discharge Planning	2007

**Priority 3 Establish policies and incentives to break the dependency of homeless persons on emergency shelter care**

**Strategy**

**Action**

**Lead Team**

**Start Date**

<b>Strategy 1</b> Develop effective strategies to assist emergency shelters reduce the incidence of repeat clients.	<b>Action 1</b> Coordinate with emergency shelter providers to build stronger working relationships with complementary service providers to receive their clients.	Emergency Shelter	2006
	<b>Action 2</b> Strengthen case management that tracks and prepares persons who are homeless to move them into housing as soon as possible.	Shelter	2007
<b>Strategy 2</b> Build better linkages with providers of transitional and permanent housing to provide alternatives to repeat clients of emergency shelters.	<b>Action 1</b> Work with local housing authorities to provide housing to persons who are homeless.	Lead & Housing	2008
	<b>Action 2</b> Explore creating "safe haven" transitional housing facilities that provides basic, but secure housing in a minimally restrictive environment.	Lead & Housing	2008

**Priority 4 Enroll homeless persons in job skills training and job placement services**

**Strategy**

**Action**

**Lead Team**

**Start Date**

**Strategy 1** Build a close working relationship with the Arkansas Workforce Development Centers at Little Rock and North Little Rock to access training and placement services.

**Action 1** Work closely with the two Centers to design intake, assessment, and assistance protocols for persons who are chronically homeless.

Job Preparation

2005

**Action 2** Facilitate convenient access to one-stop, workforce services for those who are chronically homeless.

Job Preparation

2006

**Strategy 2** Integrate agencies providing job skills training and placement services into the continuum of care.

**Action 1** Create incentives and protocols that cause homeless in job training programs to regularly seek jobs.

Job Preparation

2006

**Action 2** Build partnerships with area employers to develop programs to hire formerly homeless people who have equipped themselves with job skills.

Job Preparation

2007

**Priority 5 Increase the number of supportive and affordable housing units in Central Arkansas that are available to persons who are homeless**

Strategy		Action		Lead Team	Start Date
Strategy 1 Collaborate with other stakeholders to enlarge the stock of affordable housing.		<b>Action 1</b> Coordinate with the Governor's Supportive Housing Task Force as a platform for seeking better funding for transitional and supportive housing.		Housing	2005
		<b>Action 2</b> Work with local governments to make available abandoned houses and apartments to serve as transitional and permanent housing units.		Housing	2006
Strategy 2 Seek new ways to leverage additional affordable housing units.		<b>Action 1</b> Work with landlords to adopt more inclusive rental practices for people who are chronically homeless.		Housing	2007
		businesses to increase housing units available to persons who are chronically homeless.		Housing	2008

# TEN YEAR PLAN WORKING GROUP

Abrams, Pam	Veteran Administration
Arace, Clorinda	Department of Human Services
Ballard, Robin	Pulaski County Sheriff Department
Benfield, Larry	Christ Church
Bernard, Andre	Housing and Neighborhood Programs
Blackstone, Pat	Domestic Violence Commission
Blevins, Charles	Housing and Urban Development
Bourgeois, Darlene	St. Francis House
Bowen, B. J.	United Way of Pulaski County
Bowman, Mary Beth	City of North Little Rock
Boyett, David	St. Francis House
Branch, Bettie	United Way of Pulaski County
Brown, Dorothy	Little Rock Housing Authority
Cantrell, Houston	Midtown Neighborhood Coalition
Chambers, Thurman	Union Rescue Mission
Clarke, Mike	
Countryman, Kathleen	Capitol View Alert Center
DeGarmo, Margaret	Little Rock School District
Dooley, Mike	Little Rock Economic Development
Ehenger, Shelly	Little Rock Housing Authority
Flowers, Da'Vetta	Women and Children First
Goodloe, Veronica	Little Rock Community Mental Health
Grafton, Paige	Pulaski County Community Services
Green, Thomas	Department of Human Services
Grunden, Tom	Little Rock Community Mental Health
Guess, Melba	Gaines House
Hamilton, Boylee	Department of Human Services
Hampton, Brenda	Salvation Army
Herden, James	St. Francis House
Hill, Nolan	Salvation Army
Hoelewyn, Les	ARMIS
Holloway, William	Little Rock Compassion Center
Jackson, Ralph	Little Rock Police Department
Johnson, Ronald	Department of Human Services
Keatts, Kathy	University of Arkansas Little Rock
Killion, James	West Central Alert Center
Koon, Lisa	Pulaski County Community Services
Latture, Kellie	Citizen
Lichty, Larry	Business
Martin, Cynthia	Second Genesis
McDaniel, Barry	Our House
Mitchell, Sandra	Black Community Developers



## TEN YEAR PLAN WORKING GROUP

Morris, Estella	Veteran Administration
Norvell, Stephanie	Gyst House
Picard, Lawrence	Workforce Centers of Arkansas-LR
Pirtle, Karen	First United Methodist Church
Porter, Joyce	Safe Haven-Benton
Price, Don	Our House
Priest, Sharon	Downtown Partnership
Robinson, William	Hoover United Methodist Church
Ruple, Gelia	Recovery Centers
Sink, David	University of Arkansas Little Rock
Smith, Carol	Church Triumphant-Alexander
Spigner, Lisa	Housing and Neighborhood Programs
Turner, Doris	Housing and Neighborhood Programs
Turturro, Carolyn	University of Arkansas Little Rock
Wagner, Steve	Workforce Centers of Arkansas-LR
Watson, Theresa	City of Jacksonville
Welch-Blair, Sharon	Downtown Neighborhood Association
Wells, Kathy	Coalition of Little Rock Neighborhoods
Whitfield, Robert	FIRM Foundation
Wilson, Don	Black Community Developers
Wilson, Sandra	Arkansas Supportive Housing
Woodell, Jim	River City Ministry